



Guam Nature Alliance Registration Form

Name of Parent/Group Leader: _____

Email address: _____

Work/Day Phone: _____

- Please fill out the complete form, this includes a health waiver for every person participating,

Emergency Phone: _____

- Submit Registration for GNA Programs via email, fax or in person

Additional Phone Number: _____

• Guam Environmental Protection Agency

• Mariner Ave - Tiyan

• Email = TammyJoAnderson.Taft@epa.guam.gov

If not available in an emergency please notify:

Name: _____

- APPLICATION PACKETS ACCEPTED
ANY TIME BETWEEN 8 A.M. AND
4:30 P.M. Monday – Friday

Relationship to participants: _____

Work/Day Phone: _____ Emergency Phone: _____

INFORMATION ABOUT THE INDIVIDUALS PARTICIPATING

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

Participant's Name: _____ Age: _____

What activity are you registering for?

Participants may come to as many of the following activities as they desire.

- ☐ Tree Planting @ Connecting with Nature, Aug. 30, Piti
- ☐ Snorkeling tours @ Connecting with Nature, Aug. 30, Piti
- ☐ River hikes @ Connecting with Nature, Aug. 30, Piti

Parent/Group Leader Signature: _____ Date: _____



Guam Nature Alliance Waiver Form

ONE WAIVER FORM PER PERSON. SIGNATURES REQUIRED FOR STUDENTS UNDER 18.

I, _____, as myself or parent or guardian of the minor _____, a participant in Guam Nature Alliance's educational programs, hereby execute this Consent for and on behalf of the minor or myself named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assign as to the terms of the Consent. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to identify and hold harmless the Government of Guam, the GNA, any employees and successors and assigns against any claims made or liabilities assessed against them as a results of (1) any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this Consent, and (2) any treatment of the minor by any Medical Provider as hereinafter defined.

I understand that the Guam Nature Alliance will make all reasonable efforts to provide for the safety and well-being of my child. However, I also understand that injuries can occur in the normal course of play or creative activities with other children. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the this program or any related activities. I authorize any such Medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the result of any medical treatment. I also understand that I am responsible for payment of any medical expenses, including the transportation charges, incurred by my child as a result of his or her participation in this program.

Do you carry family medical/hospital insurance? _____ Yes _____ No

If so, Carrier _____ Policy or Group Number: _____

Child's Name (Please Print last, first, MI) _____

Date of Birth (mm/dd/yyyy) _____

Name of Parent or Guardian Contact Numbers _____

In case of an emergency and parents cannot be reached, please contact this individual:

_____ Relationship to child _____

Contact Number _____ Additional contact number: _____

Parent/Guardian Signature: _____ Date: _____



Guam Nature Alliance Acknowledgement Form

I, _____, as parent or leader of the minor
_____, a participant in the Guam Nature Alliance
educational programs, understand the following:

- **Participants should bring the following to GNA events.**
 - **Sturdy, Closed-toe shoes**
 - **Water bottle**
 - **Sunblock**
 - **Bug Spray**
 - **Snack**
 - **Towel**
 - **Backpack**
- Participants may be engaging in various activities of projects that get their clothes dirty. If you are concerned about this, please send extra clothing with your child.
- Some of the GNA activities include hiking or outdoor activities. Please note the following information
- How strong of a hiker is the participant mentioned above?
 - **Not a hiker** (I do not feel comfortable with this child hiking) _____
 - **Weak hiker** (The child can hike short distances with little to no incline) _____
 - **Medium hiker** (The child can hike for more than 30 minutes with a small incline) _____
 - **Strong hiker** (The child can hike for more than 60 minutes with medium inclines) _____
 - **Very strong hiker** (the child is an avid hiker and can manage long distances and inclines) _____
- The Guam Nature Alliance may use photos taken at the event for environmental education and outreach events in the future.
- The Guam Nature Alliance's educational programs are meant to be a fun and educational experience for all children. Therefore if the staff has disciplinary problems with a child who may be hindering other participants' experience, the coordinator will contact the child's parents or guardian to determine what, if any action is necessary.
- Parents that have concerns should address them to the coordinators during the event or , or Tammy Jo Anderson Taft at 300-4761/988-7582 or email tammyjoanderson.taft@epa.guam.gov.

I have read and hereby understand the expectations outlined above.

Parent/Guardian Signature: _____ Date: _____



Discover Snorkeling and Skin Diving
**LIABILITY RELEASE AND
ASSUMPTION OF RISK AGREEMENT**

Please print legibly.

Name _____

Mailing Address _____

City _____

State/Province _____ Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Birth Date _____ Age _____ Email Address _____

Please read carefully and fill in all blanks before signing.

I, _____, heroby affirm that I am aware that skin diving has inherent risks which may
Participant Name
result in serious injury or death.

I understand and agree that neither my guide(s)/instructor(s), Valerie A. Brown & other Instructors / Divemasters, the facility through
which this program is offered, NMFS / GovGuam / MDA, nor International PADI, Inc. nor its affiliate and
Facility Name

subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program.

I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicated to my participation in the program. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting, nor a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY
Participant Name
GUIDE(S)/INSTRUCTORS, Valerie A. Brown & other Instructors / Divemasters, THE FACILITY THROUGH WHICH I RECEIVE MY
INSTRUCTION, NMFS / GovGuam / MDA, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS
Facility Name

DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant Signature _____

Date (Day/Month/Year) _____

Signature of Parent or Guardian (where applicable) _____

Date (Day/Month/Year) _____